N	۸ISS	OUF	RI I	DΙV	ISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-046$	6353
DO NOT WRITE		AMEND	ED	I.	Registration District No. 86 Primary Registration District No. 5329 Registrar's No. 33-1969 STATE FILE NUMBER	
ON THIS STUB			1 1	- -	1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside as COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 4 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and address as STATE M. 5 CR COUNTY Characterist and Cha	
VS 300 , Rev. 4/59	AMENDED			-	Clawford Missouri Crawford	imission) side Limits
				ŀ	OR	No 3 €
10280	{			1-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Resi	ide on Farm
20290	DATE				HOSPITAL OR INSTITUTION Farm Home Yes□ No 🗷 ADDRESS Rural Route 3 Yes	<u>X</u> N∘ □
3					3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year
4 0				I.	Jesse William Gibson DEATH Dec. 5, 1962	
				ı	5. SEX 6. COLOR OR RACE 7. Merried XI Never Married 8. DATE OF BIRTH 9. AGE (lest birthdey) IF UNDER 1 YEAR IF	
5 /] -	male White Widowed Bivorced 8-25-1888 74 Widowed Bivorced Boursel 8-25-1888 74 White Too. USUAL OCCUPATION (Give kind of work done Tob. KIND OF BUSINESS OR INDUSTRY TO BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT	COUNTRY
6	8			1	laborer and farmer common labor Crawford County, Mo. USA	
7	<u>§</u>			- 1	136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
	豆				John Gibson Joann (unknown) Minnie Pigg Gibso	n
8 2-	S S				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service no	
94221	띭			_ -		LE,MO
10	▶			Z I	PART I. DEATH WAS CAUSED BY:	AND DEATH
11	CORD			CUMEN	IMMEDIATE CAUSE (a) Thyoric Myocartial Hymrolia 24	esce.
	EAD E			ğ	Conditions, if any, 3 DUE TO (b) Arthrioschroges 2 yr	art
1270-0	S S				which gave rise to above cause (a),	
13/ -0	- -		┿		stating the underlying cause last. DUE TO (c) Chronic Bronchitia, Blataval 2 yrs	are.
	8			į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy in	female with last 90 day
				9	Yes No	Unknow
	AMENDMENT				19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of ite PERFORMED)	m 18.)
7					20c. TIME OF Hour Month, Day, Year	
∠ &	[₹			į	NJURY a.m. p.m.	
USE BLACK INK OR PEWRITER RIBBON		i I			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bidg., etc.)	STATE
3 2 E		Н			NOT WHILE AT WORK	
₹ºE	READ				21. I attended the deceased from 5-5-59, to 12-5-62 and lest saw him alive on 12-3-62	<u></u>
E B			11		Death occurred at m on the date stated above, and to the best of my knowledge, from the causes of the cause of the	stated.
USE BLACK OR TYPEWRITER	SHOULD		1 1	Ö		DATE SIGNE
F	2			⋚ ┃.		2 -6 -6 ≥ State)
	Ŏ.			AFFIDAVIT	REMOVAL (Specify)	Mo.
	2				24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
	ITEM			à G	Sottenstroeter Funeral Home 12/8/1962	<u> </u>
'	•	•	•	· -	OWEN SVILLE, MO. (Licensed Embelmer's Statement on Reverse Side)	

E961 & NAC

STATEMENT BY LICENSED EMBALMER

l hereby	certify that the body whose	e name is recorded on the reverse sig	de of this certificate was embalmed by me,
or by		me	, Student Embalmer No
working under r	my personal supervision.	A Co	
Student	Signature of Student Embalmer	Signed	efind H H Winter
			Licensed Embalmer No. 383
		•	P. O. Address DWENSULLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.